

Court of Common Pleas of Westmoreland County, Pennsylvania  
 Domestic Relations Section  
 2 N. Main St., Suite 302, Greensburg, Pa. 15601

Phone: 724-830-3200

Fax: 724-830-3256

<b><u>For Office Use Only</u></b>				
Complaint:	New	Reopen	Child support	Spousal support
Modification	Increase	Decrease	Terminate	Reinstatement
Plaintiff's Name:	_____		Defendant's Name:	_____
Docket Number:	_____		PACSES Case Number:	_____
Other State ID Number:	_____			

**Intake Information Questionnaire / Data Sheet**

**Plaintiff / Caretaker's Information** (PERSON WHO WILL RECEIVE THE FUNDS.)

Relationship to the Child / Children:

Name:

Last

First

Middle

Alias

Mother's Name (if not Plaintiff):

Address:

(Street, Box #, Apt.)

City

County

State

Zip

Plaintiff's place of birth:

City

State

County

Country

SSN:

DOB:

PHONE:

**Physical Description:** Sex:

Race

Eyes

Hair

Height

Weight

Tattoos, Birthmarks, Scars:

**Email Address:**

**Plaintiff's:**

Mother's Full Maiden Name:

First

Middle

Maiden

Father's Name:

**Plaintiff's Attorney:**

Name:

Address:

Street

City

State

Zip

**Plaintiff's Employer:**

Name:

Net Pay: \$

Per:

Address:

Street

City

State

Zip

Phone #

**Plaintiff's Medical Insurance Information:**

Name of Carrier:

Policy #:

Address:

Street

City

State

Zip

Phone #

**Plaintiff's Marital Status with respect to the Defendant:**

Single:

Married:

Separated:

Divorced:

Date of marriage:

mm / dd / yyyy

Date separated:

mm / dd / yyyy

Date divorced:

mm / dd / yyyy

Place of Marriage:

Place of Divorce:

Address of Last Marital Domicile:

Street

City

State

Zip

**Contact Person Other than Present Spouse:**

Name:

Relationship:

Address:

Street

City

State

Zip

Phone #

**Children's Information**

**Only this Defendant's Child(ren):**

1. Name: SSN: DOB: AGE: SEX:  
Mother's Maiden Name: Father's Name:  
Has Paternity Been Established? Yes No Hospital of Birth:  
City County State and Country of Birth

2. Name: SSN: DOB: AGE: SEX:  
Mother's Maiden Name: Father's Name:  
Has Paternity Been Established? Yes No Hospital of Birth:  
City County State and Country of Birth

3. Name: SSN: DOB: AGE: SEX:  
Mother's Maiden Name: Father's Name:  
Has Paternity Been Established? Yes No Hospital of Birth:  
City County State and Country of Birth

4. Name: SSN: DOB: AGE: SEX:  
Mother's Maiden Name: Father's Name:  
Has Paternity Been Established? Yes No Hospital of Birth:  
City County State and Country of Birth

5. Name: SSN: DOB: AGE: SEX:  
Mother's Maiden Name: Father's Name:  
Has Paternity Been Established? Yes No Hospital of Birth:  
City County State and Country of Birth

**Defendant's Information:** (PERSON WHO WILL PAY THE FUNDS.)

Name: Last First Middle

Alias

Address: (Street, Box #, Apt.) City County State Zip

Defendant's place of birth: City County State Country

SSN: DOB: PHONE:

**Physical Description:** Sex:

Tattoos, Birthmarks, Scars: Race Eyes Hair Height Weight

**Email Address:**

**Defendant's:**

Mother's Full Maiden Name: First Middle Maiden

Father's Name:

**Defendant's Attorney:**

Name:

Address: Street City State Zip

**Defendant's Employer:**

Name: Net Pay: \$ Per:

Address: Phone #:

**Defendant's Medical Insurance Information:**

Name of Carrier: Policy #:

Address: Phone #:

**Contact Person Other than Present Spouse:**

Name:

Relationship:

Address:

Street

City

State

Zip

Phone #

**Assistance / Existing support order information:**

Is (Are) the child(ren) a subject of any custody action?

Yes

No

If Yes, list child(ren)'s name(s):

Are you receiving cash or medical assistance?

Yes

No

Are you applying for either cash or medical assistance?

Yes

No

What is your Welfare Case Number?

Do you have an existing support order:

Yes

No

If yes what is the Case number?

What county and state does the order exists in?

County:

State:

What amount of spouse support do you receive per month? \$

What amount of child support do you receive per month? \$

What is the amount for the Family (Spouse and Child)? \$

I verify that the statements in this document are true and correct to the best of my knowledge. Also, I understand that any false statement is subject to penalty according to 18 Pa. C. S. section 4904 relating to unsworn falsification to authorities.

Date

\_\_\_\_\_  
Plaintiff/ Caretaker Signature

If you desire to Modify (Increase or Decrease) your support order, please provide a reason in the space below.

**There is a \$25.00 filing fee for all modifications.**